

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
**ORIGINAL CERTIFICATE OF BIRTH**

1. County of Pima  
District of \_\_\_\_\_  
Town of miami  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. 87 Chisholm St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cornelio Barrera  
3. Sex of Child male To be answered ONLY in event of plural births.  
4. Twin, triplet or other \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_  
6. Legitimate? yes  
7. Date of birth Sept 16, 1924 Month Sept day 16 year 1924  
If child is not yet named, make supplemental report, as directed.

8. FATHER  
Full name Camilo Barrera  
9. Residence (Usual place of abode) miami, Arizona  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race mexican  
11. Age at last birthday 44 (Years)  
12. Birthplace (city or place) \_\_\_\_\_  
(State or country) mexico  
13. Occupation miner  
Nature of industry Copper

14. MOTHER  
Full maiden name Josefa Bravo  
15. Residence (Usual place of abode) miami, Arizona  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race mexican  
17. Age at last birthday 33 (Years)  
18. Birthplace (city or place) \_\_\_\_\_  
(State or country) mexico  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother { (a) Born alive and now living 2  
(b) Born alive but now dead 1  
(c) Stillborn 0  
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
I hereby certify that I attended the birth of this child, who was alive at 2:40 P M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Given name added from \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Supplemental report \_\_\_\_\_

Signature J. J. Miller (Physician or midwife)  
Address miami, Arizona  
Filed Sept 30, 1924 Local Registrar.  
Filed 10-6-24 B. G. J. A. County Registrar.

Registrar. \_\_\_\_\_

321-916-128